

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL078101 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____ | (X3) DATE SURVEY COMPLETED C 02/03/2016 |
| NAME OF PROVIDER OR SUPPLIER PARKTON PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 1165 WEST PARKTON TOBEMORY RD PARKTON, NC 28371 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| C 000 | <p>Initial Comments</p> <p>Report of a Construction Complaint Survey by Ed Miller on February 3, 2016.</p> <p>The Complaint alleged that there was a very strong sewage smell in the facility, and that it a lingered for several months.</p> <p>Records indicate that this facility was first licensed as an Assisted Living Facility on February 1, 1971 for Eighty-two (82) beds. Therefore, the facility is required to meet the 1971 Rules for the Homes for the Aged and Disabled; the applicable portions of the 2005 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirmed; and the 1967 North Carolina State Building Code; Group D-2 Institutional Occupancy.</p> <p>Complaint was substantiated.</p> <p>Physical plant deficiencies were noted which require a plan of correction.</p> | C 000 | | |
| C 164 | <p>Housekeeping and Furnishings-Clean, Repaired</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS</p> <p>(a) Adult care homes shall:</p> <p>(1) have walls, ceilings, and floors or floor coverings kept clean and in good repair;</p> <p>(2) have no chronic unpleasant odors;</p> <p>(3) have furniture clean and in good repair;</p> <p>(e) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, and interview with Staff and Maintenance Tech, the facility failed to</p> | C 164 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| C 164 | Continued From page 1 prevent chronic unpleasant odors. This would affect all residents, staff and visitors by exposing them to an unpleasant environment. Findings on February 3, 2016: a. In the Corridor near the Maintenance Office the floor mounted clean-out was emitting a strong sewage smell. It appeared that the clean-out plug, below the flush floor cover plate is not installed properly. b. Per staff, the smell has fluctuated between offensive and not noticeable. It seem to be most offensive when it rains. | C 164 | | |